

**DENVER CITY INDEPENDENT SCHOOL DISTRICT
PARENTAL CONSENT FOR RANDOM DRUG TESTING PROGRAM
FOR EXTRACURRICULAR ACTIVITIES OR
THE VOLUNTARY DRUG TESTING PROGRAM**

(For all students, grades 9-12, who are involved in extracurricular activities or participate in the Voluntary Student Drug Testing Program)

I, _____, as a parent or guardian of _____, a student enrolled in Denver City High School, hereby agree to the following for the duration of his/her enrollment at Denver City ISD grades 9 through 12.

I understand the school district's policy regarding substance abuse. I understand that it is the practice of the District to conduct drug and alcohol testing, including an initial drug test at the beginning of each school year and random and reasonable suspicion drug and alcohol tests thereafter, for the purpose of carrying out this policy.

I understand that my child cannot be compelled to give a biological specimen, including a urine, breath or saliva sample (hereafter "sample"). I understand that if he/she gives a sample, it will be tested for illegal drugs and/or alcohol. I understand that a condition of my child's participation in grades 9 through 12 extracurricular activities, and in order to remain in good standing, my child must give a sample when requested by the District. If my child is not involved in extracurricular activities, I hereby request that my child be allowed to participate in Denver City ISD's Voluntary Random Drug Testing Program and waive his/her rights to the extent needed for Denver City ISD to conduct drug testing on my child under its Voluntary Drug Testing Program. I understand that if my child fails to provide a sample or his/her sample reveals an unexplained presence of an illegal drug and/or alcohol, the District will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct, as applicable.

Prescription drugs currently taken as prescribed:

Comments:

At this time, I hereby agree to my child giving a biological specimen, including urine, breath, and/or saliva, for purposes of drug and alcohol testing.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student Name (Print)

Social Security Number

Student Signature

Date

DENVER CITY INDEPENDENT SCHOOL DISTRICT STUDENT ACKNOWLEDGEMENT FORM

I have received and read a copy of the Denver City ISD Drug & Alcohol Deterrent Policy. I understand that this policy is part of the school district's rules, and that it applies to all Denver City ISD students, grades nine through twelve, who participate in extracurricular activities or the voluntary drug-testing program for the duration of their enrollment in such grades.

Student Name (Print)

Social Security Number

Student Signature

Date

Parent/Guardian Name (Print)

Parent Guardian Signature

Date